

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

6107102-269

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1.	/		/				51				
2.	/		/				52				
3.	/		/				53				
4.	/		/				54				
5.	/		/				55				
6.	/		/				56				
7.	/		/				57				
8.	/		/				58				
9.	2		1				59				
10.	2		2				60				
11.	2		2				61				
12.	(1)		2				62				
13.	/		/				63				
14.	/		/				64				
15.	/		2				65				
16.	/		2				66				
17.	4		2				67				
18.	(1)		1				68				
19.	(1)		1				69				
20.	(1)		1				70				
21.	(1)		1				71				
22.	(1)		2				72				
23.	(1)		2				73				
24.	/		1				74				
25.	/		2				75				
26.	/		2				76				
27.	3		2				77				
28.	3		2				78				
29.	/		1				79				
30.	/		1				80				
31.	/		1				81				
32.	/		1				82				
33.	2		1				83				
34.	2		3				84				
35.	/		3				85				
36.	/		1				86				
37.			1				87				
38.			1				88				
39.			1				89				
40.			2				90				
41.			2				91				
42.							92				
43.							93				
44.							94				
45.							95				
46.							96				
47.							97				
48.							98				
49.							99				
50.							100				
TOTAL IND.	18		9				TOTAL IND.				
TOTAL DEP.	58	→	50	→			TOTAL DEP.				
TOTAL CLAIMS	66	[REDACTED]	54	[REDACTED]			TOTAL CLAIMS				

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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